

5-9-1998

# Bereavement Support in Central and West-Central Minnesota Schools: An Exploratory Study

Brenda K. Wiese  
*Augsburg College*

Follow this and additional works at: <https://idun.augsburg.edu/etd>



Part of the [Social Work Commons](#)

---

## Recommended Citation

Wiese, Brenda K., "Bereavement Support in Central and West-Central Minnesota Schools: An Exploratory Study" (1998). *Theses and Graduate Projects*. 932.  
<https://idun.augsburg.edu/etd/932>

This Open Access Thesis is brought to you for free and open access by Idun. It has been accepted for inclusion in Theses and Graduate Projects by an authorized administrator of Idun. For more information, please contact [bloomber@augburg.edu](mailto:bloomber@augburg.edu).

**BEREAVEMENT SUPPORT IN CENTRAL AND WEST-CENTRAL  
MINNESOTA SCHOOLS: AN EXPLORATORY STUDY**

**BRENDA K. WIESE**

**Submitted in partial fulfillment of  
the requirement for the degree of  
Master of Social Work**

**AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA  
1998**



MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

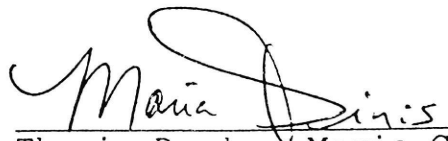
  
Brenda K. Wiese

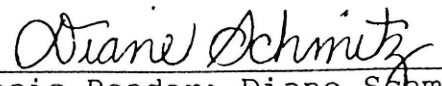
has been approved by the Examining Committee for the thesis  
requirement for the Master of Social Work Degree.

Date of Oral Presentation: May 9, 1998

Thesis Committee:

  
Thesis Advisor: Glenda Dewberry-Rooney, Ph.D.

  
Thesis Reader: Maria C. Dinis, Ph.D.

  
Thesis Reader: Diane Schmitz, MSW

## **ACKNOWLEDGEMENTS**

I wish to acknowledge:

My family, who were supportive and patient through my entire education process, but especially through the completion of my thesis. They gave up much for my education.

Glenda Dewberry-Rooney, Ph.D., who supported and guided me through this project, and yet allowed it to be mine.

Maria Dinis, Ph.D., my research professor and thesis reader, who taught me all I know about research.

Diane Schmitz, MSW, my thesis reader, who helped me out in a bind, read, advised, and supported me when times were tough.

Evy Hatjistilianos, my co-worker, and editor of my project, for all her hard work, time, and expertise.

My coworkers, who supported and encouraged me through the difficult times.

And finally, my grandfather, who died when I was a child and taught me what a child's grief is all about, and my father, who died during the completion of this project, and who now has his wife, children, and grandchildren grieving his death.

## **ABSTRACT**

### BEREAVEMENT SUPPORT IN CENTRAL AND WEST-CENTRAL MINNESOTA SCHOOLS: AN EXPLORATORY STUDY

#### BEREAVEMENT SUPPORT AND EXPLORATORY STUDY

BRENDA K. WIESE

MAY 26, 1998

This study explored the need for services for school-aged children who have experienced the death of a close family member. Grieving parents and other adult caregivers may have difficulty supporting and assisting these children through the grief process. School social workers from fourteen school districts in central and west-central Minnesota were involved in this study.

The results showed that the schools provide services which deal with children's grief issues. Other needs as identified by the social workers included: 1) increased school social workers to support these students; 2) additional trainings in the area of working with grieving children; and 3) an increase in supportive community resources.

This study will provide school social workers, the local Hospice programs and The Grief Center coordinator information about the needs for additional services for grieving children. Children and adolescents who are grieving have need for adults who can offer support and understanding.

## TABLE OF CONTENTS

### CHAPTER ONE: INTRODUCTION

Overview-----	1
Introduction of the Research Problem-----	1
Purpose of the Study-----	2
Context of the Research Problem-----	4
Summary-----	5

### CHAPTER TWO: LITERATURE REVIEW

Overview-----	7
Theoretical/Conceptual Framework-----	7
Grief and Loss Theory-----	7
Theory of Human Development-----	12
Historical and Modern Perspectives-----	16
Environmental Effects on Children's Grief-----	19
Interventions for Grieving Children-----	23
Summary-----	27

### Chapter Three: Methodology

Overview-----	31
Research Design-----	31
Research Questions-----	32
Operational Definitions-----	33
Characteristics of the Study Population-----	34
Sample of the Population-----	35
Data Collection-----	35

Data Analysis-----	36
Procedure for Protection of Human Subjects-----	37
Summary-----	38

#### CHAPTER FOUR: RESULTS OF THE STUDY

Overview-----	39
Demographic Information-----	39
Social Work Sources of Contact with Students-----	49
Perception of Need for Services-----	51
Services Provided for Students-----	54
The Extent that Services Meet the Needs of Students-----	55
Additional Service Needs-----	58
Community Services-----	59
Training Needs Identified by Social Workers-----	60
Summary-----	63

#### CHAPTER FIVE: DISCUSSION

Overview-----	64
Strengths and Limitations of the Study-----	64
Strengths-----	64
Limitations-----	65
Discussion-----	66
Implications for Practice and the Field of Social Work-----	70
Conclusion-----	72

Summary-----	74
REFERENCES-----	76
APPENDICES-----	82

## LIST OF TABLES

### CHAPTER FOUR

Table 4.1	
School Social Work Experience-----	41
Table 4.2	
Length of Time in Current School System-----	41
Table 4.3	
School Social Worker Age Range-----	43
Table 4.4	
School Social Worker Gender-----	43
Table 4.5	
School Social Work Degree-----	44
Table 4.6	
Highest Degree in Social Work-----	44
Table 4.7	
Licensure Information-----	45
Table 4.8	
School District Number of Social Workers-----	46
Table 4.9	
Number of Buildings-----	47
Table 4.10	
Social Worker's Primary Responsibility-----	48
Table 4.11	
School Student Enrollment-----	49
Table 4.12	
Sources of Contact with Students-----	50
Table 4.13	
School Services Provided-----	55
Table 4.14	
Community Resources Available-----	60

## **Chapter One**

### **Introduction**

#### **Overview**

The first chapter contains three sections which include: 1) the introduction to the research problem, 2) the purpose of the study, and 3) the context of the research problem.

#### **Introduction of the Research Problem**

When adults attempt to protect children from physical and emotional effects associated with the death of an important person within the family circle, turmoil within both the children and the family often occurs (Deitrick & Dailey, 1983; Wolfelt, 1997). The ability of important adults in a child's life to be sensitive to and understanding of the child's needs can make the difference in making the experience of death either harmful or helpful to the child's emotional growth (Wass & Corr, 1984; Wolfelt, 1983). The desire of many adults to "spare children" is often caused by their own feelings of discomfort, fear, or anxiety (Wolfelt, 1983).

At one time it was believed that children could not comprehend loss and separation and thus were unable to mourn loss (Taylor-Brown & Wiener, 1993). Young children inevitably encounter death. "Their first experiences may be with a shriveled upside-down bug lying on the sidewalk, a dried autumn leaf fallen from the tree, the unmoving and



unnaturally stiff classroom hamster, or a grandparent who will never visit again" (Essa & Murray, 1994, p. 74).

### **Purpose of the Study**

The purpose of this study was to explore the availability of services provided by school social workers for children who have experienced the death of a close family member. An additional goal was to examine the extent that school social workers perceived the need for additional services within their school districts or communities. Finally, the study queried school social workers about training needs in the area of assisting and supporting children in the grief process. These children are all students who are enrolled in fourteen central and west-central Minnesota school districts that are within the service area of Rice Hospice and The Rice Hospice Grief Center. The grief center offers counseling, education, and other services to individuals, families, and professionals.

This study focused on previous studies which have established a need for services aimed specifically toward children. Essa and Murray (1994) identified that in today's society we often assume that we should protect children from the realities of life and death. The authors also discussed that according to research, children begin to form an understanding of the concept of death at an early age and that important adults in children's lives, including teachers, can assist them clarify and manage both the

cognitive and the emotional aspects of death. When the death of someone close occurs, mourning and grief are normal reactions.

The tendency to protect children from the realities of death may mean that services for children are limited. Morrison Tonkins and Lambert (1996) however suggest that one of the most painful stressors, and one that can have life-long ramifications, is the death of a close family member. When the person experiencing the death is an adult, sufficient coping mechanisms and emotional and cognitive maturity are generally in place. Children, on the other hand, have less adequate coping skills, and are caught reworking through their grief at different developmental stages throughout their lives. As children get older, they demonstrate increasing levels of anxiety about death (Doka & Davidson, 1997).

McCown and Davies (1995) emphasized that children's grief looks different than adults' grief. The scenes of adult grief may consist of weeping, crying, dark clothing, quiet, somber voices, and sad affects. Children on the other hand reflect their grief through talking, playing, watching others, and questioning.

Because children's grief may look different than that of adults (McCown & Davies, 1995), it is important to be aware of how the children are responding and to remember that including children in the explanations about death is vital. Grollman (1995) wrote, "Death is a crisis which

should be shared by all members of the family. Children are often forgotten by grieving adults" (pp. 17).

Since children have fewer coping mechanisms for dealing with loss, the issue is further complicated because children may lack an adequate understanding of death. They will need the assistance of the adults in their lives to help them sort out their emotions and provide information they can understand (Corr, 1995; Grollman, 1996; Wolfelt, 1983, 1991).

### **Context of the Research Problem**

Parents and other adult caregivers sometimes pass on their own anxieties and fears to the children they are trying to help. Sometimes adults do not want to talk about the death. They may assume this will spare the children some of the pain and sadness. To help children through the grief process, parents need to establish a relationship in which the death is talked about openly. Children need to understand that grief is a natural occurrence when someone they love dies. According to Taylor-Brown and Wiener (1993), even young children are able to conceive of death as irreversible, depending upon how the deaths are explained to them.

The literature reviewed revealed that parents and other close family members are frequently unable or unwilling to provide information and support to children regarding the death. School social workers, teachers and other school

staff can assist to provide support and information children need following the death of a close family member.

One of the most painful stressors, and one that can have life-long ramifications, is the death of a close family member. Children in general may not have adequate coping skills to work through the grief process. Caring adults in the children's lives can provide the support and availability of open communication to discuss the feelings and physical changes that accompany grief for the adults and the children.

When a death occurs, parents and other adult family members are often so upset by their own loss that they are unable to provide the information and support needed by the children. Other adults in the children's lives can help the children work through the grief process.

### **Summary**

The literature discussed the need for important adults to help children work through the grief process, including school teachers, social workers, and other school staff. The literature did not indicate how the schools can best do this.

The overall intent of this study was to explore the availability of services and service needs as identified by school social workers for students, pre-school to grade twelve, who have experienced the death of a close family member. These students are all in fourteen central and

west-central Minnesota school districts. These school districts are all within the service area of Rice Hospice and The Grief Center. The Grief Center offers counseling, education, and other services to individuals and professionals within this service area.

## **Chapter Two**

### **Literature Review**

#### **Overview**

The second chapter contains the literature review. The first section identifies and explains the theoretical/conceptual frameworks of this study, which include: 1) grief and loss theories, and 2) the theory of human development.

The next section, the literature review, focused on the historical and modern perspectives of dealing with death and grief and has identified two areas that have been found to influence a child's ability to successfully grieve the death of a close family member. These include: 1) environmental effects on children's grief, and 2) interventions for grieving children.

#### **Theoretical/Conceptual Framework**

Two bodies of social work theories provide a theoretical framework for this study. They are: 1) the Grief and Loss Theories of several different researchers and professionals, and the Theory of Human Development of Erik Erikson.

#### **Grief and Loss Theories**

The discussion related to the grief and loss theories includes the works of Doka, 1995, 1996; Grollman, 1990;

Kubler-Ross, 1983; Wolfelt, 1983, 1991, 1996). Several of these models identify stages of grief people experience following the death of someone close to them. While some professionals challenge the "ages and stages" concept of death understanding, those working with children need some commonality standards and norms to use in reassuring parents and significant adults that their child is behaving or grieving normally (Seager & Spencer, 1996).

Each of the grief professionals listed above discussed some type of developmental process children experience as they grieve. A child's developmental level will be a factor in how the child handles the strain of a death. "It is important to remember that while adults suffer pain in a chronic manner, children suffer intermittently" (Lord, 1992). They may be upset for awhile and then resume happily with play. If the trauma is severe, such as the death of a close family member, children will reexperience grief in a different way as they pass through each developmental stage (Lord, 1992). Prichard and Epting (1992) explained that in order to answer children's questions concerning death, an adult must be aware of the child's age, experience, and prior understanding of death.

A child's ability to understand the concept of death and what it means to him/her varies with the child's age and maturity (Staudacher, 1996). Adults need to be aware of the level of understanding of the child and adjust any explanation to that level (Brodkin, 1995; Seager & Spencer,

1996). It is important to remember to provide as accurate, and honest information as possible. Giving more information than the child can understand and process will only confuse the child. Wolfelt (1996) encouraged adults to allow questions and assure the child that any emotions he/she feels are the same feelings as other children have in similar situations.

Children and adolescents do not grieve in a linear pattern as adults are more likely to do (Shore, 1995). How far they are able to progress in understanding and accepting a death and are able to move through the grief process is limited by their developmental stage (Doka, 1995; Grollman, 1990; Westmoreland, 1996; Wolfelt, 1983). "Therefore, children often grieve in a clumping pattern of sometimes intense periods separated by long intervals where they apparently are not affected by the loss" (Seager & Spencer, 1996, p. 43). The literature discussed that this "clumping pattern" is often misunderstood by parents, significant adults, and schools who are unlikely to associate an appearance of an acting out behavior and decreased attention span to the death that may have happened two years earlier. Understanding the impact of the death for the child and placing the child's behavior into perspective may enable parents and other significant adults to understand and cope with the changes in the child and his environment. "Understanding the response to loss within the child's cognitive developmental context is critical to understanding



the child's grief work and grief responses" (Glazer & Clark, 1997, pp. 34-35).

Several theorists have developed stages in which a child is able to experience or understand death (Corr, 1995; Grollman, 1990; Papenbrock & Voss, 1988; Schaefer & Lyons, 1993). The following developmental outline is an abridged guide to the grief professionals' developmental process. All of the professionals discussed that these are only guidelines and that emotionally and cognitively, all of the following age groups may experience irritability, anxiety, lowered self esteem, depression, apathy, feelings of rejection, short attention spans, and changes in school work, play, or ability to attend to tasks.

For children under two years of age, it is believed that they can sense that something is different and that there is a change in the emotional atmosphere. A child in this age group does not understand what death is and probably will not remember the person who died. He/she will need a lot of nonverbal communication (i.e. hugs, rocking, and continued routine). Because they can sense a change, some children may exhibit behaviors including fussiness, clinging to adults, and regression.

It is believed that children three to five years of age may see the death as temporary and may believe that the person will return or can be visited. A child in this age category has difficulty handling concepts such as heaven, the soul or a spirit. He/she may feel sadness, but often

for only a short time and frequently will escape into play, giving adults the impression the child really is not grieving. Children in this age group are able to substitute their attachment to another person in exchange for attachment to the person who has died, and may not remember the person who died. These children need a daily routine, structure, affection, and reassurance. Acting out behaviors for them might include: regression, nightmares, aggression, and non-compliance.

Children five to nine years of age begin to understand that death is final and permanent and may begin to have a fear of death and of others dying. At this age they may feel guilt (magical thinking) and blame themselves for the death. There is difficulty putting problems and feelings into words, and children often ask concrete and specific questions about the death, the body, etc. Identifying strongly with the deceased is normal, and acting out behaviors include: compulsive caregiving, aggression, possessiveness, regression, headaches, stomachaches, and phobias.

Children ten to twelve years of age are able to recognize that death is inevitable and irreversible, but may view death as a punishment, as they may still retain some elements of magical thinking. Often they are very curious and interested in all of the "gory" details and may come up with their own theories or explanations of the reasons for the death and may also have many practical questions about

the body, the funeral, etc. Acting out behaviors for this age span include: aggression, possessiveness, headaches, stomachaches, phobias, and defiance.

By thirteen to eighteen years of age, children are nearing adult levels of concept and may worry or think about their own death. These children often avoid discussion about death, become angry at the deceased, fear "looking different," and question religious beliefs. They may also fear the future. Acting out behaviors for this age group include: aggression, possessiveness, headaches, stomachaches, phobias, increased sexual activity, increased drug use, increased risk-taking, defiance, and suicidal ideation.

### **Theory of Human Development**

The stages of Corr (1995) Grollman (1990) Papenbrock & Voss (1988) and Schaefer & Lyons (1993) resembled the Erikson eight stages of developmental theory. Wass (1979) discussed Erikson's human development theory. This theory declares that there are eight stages a person must go through in order to move through the life cycle from infancy to old age. Each stage of development "presents a crisis in one's understanding of oneself, of one's purposes, and of one's relationships with others" (pp. 183-184). The developmental task at each stage is to "resolve the crisis successfully" (p. 184). Only when this is done, can the

person progress to the next stage of maturity. Erickson's eight stages and crisis are listed by Wass (1979) as:

- 1) infancy: trust versus mistrust,
  - 2) early childhood: autonomy versus shame and doubt,
  - 3) play age: initiative versus guilt,
  - 4) school age: industry versus inferiority
  - 5) adolescence: identity versus identity diffusion,
  - 6) young adulthood: intimacy versus isolation,
  - 7) adulthood: generativity versus self-absorption, and
  - 8) senescence: integrity versus despair.
- (p. 184).

During the stages of infancy and early childhood, children require a sense of security and begin to develop a sense of autonomy. Their needs must be met through the maintenance of normal routines and affection. When someone close to them dies, the grief of the parents and other caregivers may cause the child to sense a detachment and feel less security in his environment. "Since the family represents security and safety to the child, when this safety is disrupted, the child will feel insecure, highly anxious, robbed of the consistent world to which she had been accustomed" (Sanders, 1995, p. 70). Parents often fail to recognize signs of grief and sadness, particularly in smaller children (Sanders, 1995; Wolfelt, 1996). Regressive

behaviors may include bed wetting, or crying for a bottle again.

Children, three to five years of age, are included in Erikson's "play age." At this stage, children are in the process of developing initiative. Play is very important at this stage, and though they are able to have a deeper concept of what death is, they can handle the feelings related to grieving for only short periods of time, and will soon escape to play. Children at this stage have the need for structure, affection, information, and reassurance. As adults attempt to protect a child at this stage, the child suffers from inadequate knowledge and imagines the worst possible situation. Magical thinking may be prominent (Sanders, 1995).

School aged children, five to twelve years of age are developing a greater understanding for death and its impact on their lives. Fear and anxiety related to death may be common at this stage. "The child worries about what has happened or what might happen. Because of this, she might feel a sense of responsibility for the death" (Sanders, 1995, p. 71). When the death occurs, the child may recall times when she/he secretly wished, during an episode of anger, for the person to "drop dead." When the death happened, the child may have developed symptoms of guilt. "It is very difficult for a child to share these very natural, but to her, ugly thoughts and feelings" (Sanders, 1995, p. 71). Ongoing support, assurance that their needs

will be met, and answers to their questions about death will help to alleviate any fear and anxiety at this stage.

Adolescence and young adulthood are Erikson's next stages of development. If the child's needs have been met at the previous levels, children at this stage are beginning to develop an adult level of the concept of death. The older child now is equipped to share some of her/his thoughts with teachers or other close adults, thereby gaining access to support and nurturing outside the family. "It has been shown in children, just as it has in adults, that the availability of person and social resources often make the difference in bereavement outcome" (Sanders, 1995, p. 71). As the concepts of identity and intimacy are developing at this stage, children who do not have adequate support from caregivers may resort to acting out behaviors such as: increased sexual activity, chemical use, suicidal ideation, increased risk-taking, etc.

Doka (1995) found that "children at any age can recognize loss though they may respond to it in different ways" (p. xii). Children may need different therapeutic approaches than adults. These include therapies such as music, art, play, dance, story-telling, etc. These therapies may seem less threatening than talking one-on-one with an adult (Doka, 1995; Wolfelt, 1996). Doka (1995) and Wolfelt (1996) explained that as children grow, it is not unusual for them to regrieve losses that were experienced during earlier periods in their childhood. "For as they age

their dimensions of that loss may be more clearly understood" (Doka, 1995, p. xii).

Doka (1995) and Wolfelt (1996) also discussed the similarities between children's and adult's grief. The grief experience will be affected by many of the same factors that affect adults: the importance of the person who died in their life, the circumstance of the death, the coping skills of the individual, culture, religion, family support, etc.

### **Historical and Modern Perspectives**

According to the literature, death and children have not always been so foreign to each other. Wass (1979) reviewed some early childhood games such as "peek-a-boo", a game derived from an old English word meaning "dead" or "alive". Another game reviewed is "ring-around-the-rosie", with its chant "ashes, ashes, all fall down." This game grew out of children's reaction to death during the great plague of the Middle Ages. Many children still learn the bedtime prayer "now I lay me down to sleep, I pray the Lord my soul to keep. If I should die before I wake, I pray the Lord my soul to take."

Until this century children were common witnesses to death. Infant mortality was high, and it was a rare firstborn who did not experience the death of a younger sibling (Wass, 1979). Similarly, the literature reviewed revealed that life expectancy was much shorter. According

to Wass (1979), life expectancy in 1900 in the United States was 47.3 years. Children often attended the funerals of their parents as well as of siblings before they reached adulthood.

The literature discussed that until the early 20th century, most Americans died in their own homes following a brief illness. The family often gathered in the home, perhaps around the deathbed. In this phase, death was regarded as something expected and familiar. It was a public ritual in which great importance was placed on the dying person's active participation preparing himself or herself for death. Wolfelt (1991) emphasized that when several generations of a family lived in the same household, children became aware of aging, illness and death. They watched grandparents grow old. They gathered with other family members when death occurred, and usually funerals were held in the home.

According to Wolfelt (1991), under these circumstances, children were able to experience the grief process with other family members and realized an important loss had transpired. They were able to experience tears and sorrow along with their parents. Death happened all around them, and as a result, they were exposed to it gradually. Death was not a mystery for children in early America.

By the middle of the 20th century, however, death in the industrialized nations had become a private matter and was seldom discussed. Modern medical techniques prolonged



the process of dying as well as prolonging life, and death usually occurred in lingering stages in hospitals or nursing homes. Silverman and Worden (1992) discussed the decline in Western civilization's comfort of dealing with death and dying.

Most of the literature suggested that today, children live in a culture that avoids grief (e.g., Corr, 1995; Doka, 1996; Essa & Murray, 1994; Glazer & Clark, 1997; Gordon & Klass, 1979; Grollman, 1990; McCown & Davies, 1995; Morrison Tonkins & Lambert, 1996; Papenbrock & Voss, 1988; Segal, 1984; Silverman & Worden, 1992; Wolfelt, 1996). For a variety of reasons, children in the United States often grow up without being exposed to the pain of grief of the loss of someone close to them during childhood. Modern medicine, for example, has drastically reduced infant and child mortality and has prolonged life expectancy for the aged (Wolfelt, 1991).

Families are now also geographically scattered. Deaths often occur thousands of miles from home. Even if different generations remain in the same area, the increased use of hospitals and nursing homes reduces the chances that children will witness the aging and dying of their loved ones. Many children do not have the opportunity to experience the normal grief that accompanies these events.

In reference to the drastic changes that have occurred, Gordon and Klass (1979), discussed that modern children experience death differently than children of the past.

They identified that over the course of this century, two trends have influenced and continue to influence the association between a child and death. The first trend is the growing distance of the experience of death from everyday life. The second is the expanding difference of the child from the adult world. Combined, these trends have had a significant change on how a child can react to death.

### **Environmental Effects on Children's Grief**

The literature indicated that young children do grieve and that the range of differences in understanding the death of a loved one can vary as much as the children's developmental pace. Children's individual personalities, ages, environments, and family experiences all factor into the way children grieve. The child's relationship to the deceased person, how the caretaker responds to the death, and media responses to dying and death all factor into how a child is affected by the death.

#### *Relationship to the Deceased Person*

Children's history and memory will affect the dimensions of their grief; "the more frequent and positive the contact, the more acutely very young children will be aware of a person's absence. A grandfather who lived down the street and was seen daily by a toddler will be missed much more than the great aunt who visited only for holiday dinners" (Norris-Shortle, Young, and Williams, 1993, p. 737).

*Caretaker's Reaction to the Death*

Although an infant may not be able to say a person's name when he or she dies, this infant may be acutely aware of and overwhelmed by a parent's distress when the death occurs. Prior to a death, young children may never have seen their parents grieve. Steinfeld (1988) discussed that one of the most frightening things for children can be glimpses of previously unknown sides to their parents--"a father sobbing, a mother oblivious in her grief" (p. 8). Norris-Shortle, Young, and Williams (1993) emphasized that even young children can realize that these adult emotions are different from their other possible life experiences because in grief their parents are caught up in their own grief and are unaware that the children are frightened. Parents may find it is necessary to leave very young children for the first time to attend to funeral preparations.

Parents, consumed in their own grief process, may unknowingly delay the healing of their children's grief process. Norris-Shortle, Young, and Williams (1993) discussed that young children often view their parents as "omnipotent". If parents deny or attempt to cover up the occurrence of a death and are unable to talk about it, very young children may become aware that this is a taboo-subject and consequently never ask about the person who has died.

If parental grief is not properly explained, it can serve as a source of insecurity for the child and/or guilt

due to the child's magical thinking. Children may believe that they caused the unhappiness in their parents because of their bad behavior or bad thoughts. Norris-Shortle, Young, and Williams (1993) discuss that with no acceptable emotional outlet open to them, children's fears and confusion can evolve into guilt and hostility, expressed through behavioral problems or emotional withdrawal. The literature suggested that young children are susceptible to misconceptions drawn from certain euphemisms they hear from their parents, other adults, and older children. According to Norris-Shortle, Young and Williams (1993), adults often feel they are protecting children by providing simple, yet evasive, answers to children's persistent questions. These explanations may be confusing to children and may increase their uncertainties and fears of death.

Most youth in families are able to deal with death and move through their grief in a healthy manner as long as they are given the support and opportunity to do so. Seager & Spencer (1996), suggest that one of the first steps is to educate the family as to what to expect and what is normal in children's reactions to death and grief. Children will model their responses largely on the adults around them. According to Seager & Spencer (1996), if the grown-ups are falling apart, they'll get the message, "This is bad, we are falling apart!", but if the adults project a message that "This really hurts and we are sad but we will be OK,"

(p. 42) children will be able to show their sadness, but will likely also be all right.

### *Media Response to Death*

Today many children grow up watching large amounts of television. According to the National Commission on Children (1991), very young children often develop the distorted view that death is temporary after they have spent hours watching cartoons on television, where characters die one day and come back to the screen the next. "The nightly news report, with graphic descriptions and pictures of murders, fatal accidents, and other disasters, depersonalizes death for children as well as for adults" (Norris-Shortle, Young & Williams, 1993, p. 738-739).

Seager and Spencer (1996) reviewed that video games, songs, newspapers, and other forms of media also expose children to the subject of dying and death. They argued that while children are being exposed to death-related experiences through the media, they are lacking the support and teachings about death of their parents and other caring adults.

Lamers (1995) and Rosen (1988) accented the scarcity of age-appropriate material that would introduce children to the concepts and experiences of dying and death. They suggested that since children often use stories and play to help them understand and develop unfamiliar concepts, the topic of death might best be explained to children through the use of appropriate literature. This method is enhanced

when a caring adult reads, tells the story, or discusses the literature with the children.

### **Interventions for Grieving Children**

When a loved one dies, children grieve. The most important factor in how children react to the death is the response of the adults who influence their lives. Caring adults-whether they are parents, relatives, friends, school social workers or teachers-can help children through this traumatic time. Handled in a caring, warm, and understanding way, a child's early experiences with death can be an opportunity to learn about life and living as well as death and dying. "As the child experiences the adults in his life being sad, he learns that it is acceptable for him to be sad, too" (Lord, 1992, p. 119). Sharing these experiences together can help children learn that painful and unfair things do happen in life, but people can survive them (Doka, 1996; Lord, 1992; Wolfelt, 1996).

How adults respond when a loved one dies has a major effect on the way children react to the death. Gillman (cited in Norris-Shortle, Young, and Williams, 1993) suggested that telling children about death is best done in familiar surroundings. The explanation should be simple and direct, with the ultimate goal of creating an environment where the child can ask questions and relate fears.

Rosenblatt and Elde (1990) identified that much of the healing of bereavement occurs in the context of family life

and friendships. Segal (1984) stated that there is a need for open communications with children regarding their concerns about death. He further explained that some children have lived for years with weird misconceptions, with fear and guilt which could have been prevented with a few words of explanation.

Children grieve differently than adults (Corr, 1995; Essa & Murray, 1994; Wolfelt, 1983). Their understanding of the world and their ability to comprehend death changes as they grow and move through different developmental stages. Clear and understandable communication appropriate to the child's level of comprehension, and unconditional listening and affection are critical in walking children through this difficult time. As children are frequently unable to articulate their feelings, fears, and needs, it becomes the responsibility of the adults in their lives to provide them with the avenues to express themselves and work through feelings and fears that could later become problems if they're not addressed at the time of the problem.

Norris-Shortle, Young, and Williams (1993) found that most people, including parents, have trouble resolving their own grief and perhaps cannot consider the effects of the death of a loved one on children. Adults' discomfort with dying and the grief process affects young children's understanding of death. Mulder (1994) discussed the difficulty most people have about the uncertainty of whether they should say something or not to grieving people. She

further discussed the need for someone who has experienced a death to have it acknowledged by others. They need to know that other people are thinking about them and that they care.

#### *Support Groups and Counseling for Children*

Zambelli and De Rosa (1992) established that child support groups can be a useful substitute support system for families when a close family member dies, since death often strains the families' existing coping systems. The authors discussed that children's support groups are generally formed on the same basis as adult support groups. In support groups there is usually a common problem or theme among the group members with an emphasis on peer support and help.

Providing for some sessions of parental participation in the support groups can be beneficial. Warmbrod (1986) cautioned that having the child talk and grieve only with a counselor might leave the child still unable to share with the parent, and the parent may be left feeling more isolated from the child. If the child meets only with a counselor, the child has no chance to hear how the parent is coping and how the child might be of assistance, appropriate to the child's age and level of development.

#### *Role of the Schools*

The subject of death is difficult for many adults to discuss. Teachers, social workers, and other school staff are no different. Yet when students face a death, they may



need to address the subject. Significant adults in children's lives, including school faculty, can help children clarify the emotional and cognitive aspects of death. Because school staff often have to explain death to children, it is important that the teachers, social workers, and all school staff recognize how children understand death and work through their grief.

School faculty who have not adequately resolved their own misgivings about death will be less able to help children and parents who are grieving. Essa, Murray, and Everts (1995) recommends that a professional who is familiar with children's grief processes can help faculty deal with the issue of dying and death - either with individual faculty members or at a staff meeting.

Carson, Warren, and Doty (1995) stated that most schools have not provided for adequate dying and death education or bereavement counseling services for students who have experienced a death of a family member. The literature indicates that the topic of death should be included in the curriculum of schools at all levels. Libraries in schools should become more aware of the literature on death-related topics and make these materials available to the teachers and students (Guy, 1993). Doka (1995) advocated that schools have some type of death education programs in place as a part of a preventative approach to grief-related problems.

### **Summary**

The theoretical framework of the Grief and Loss Theory and the Human Development Theory provide the foundation for the literature review. The literature review identified the historical and modern perspectives of dealing with death and grief. It has also described two areas that have been found to influence a child's ability to successfully grieve the death of a close family member. These include: 1) the environmental effects on children's grief, and 2) the interventions for grieving children.

The literature identified that children who experience the death of someone loved do not have the choice between grieving or not grieving, but the adults who have the opportunity to care for the children do have the choice of helping or not helping the children during this vulnerable time. Many parents have difficulty discussing death with their children. When a death occurs, bereaved parents are often so upset by their own loss that they make little, if any, effort to explain to their children what has happened. Kubler-Ross (1983) emphasized that either knowingly or unconsciously, adults pass their acquired fears along to their children and are not aware until it is too late that these fears cause indescribable damage and pain.

"It is senseless to try to protect children from pain within a family" (Lord, 1992, p. 119). According to Lord (1992), most children are more perceptive than adults are about sensing that something is wrong. Children can pick up

on facial expressions and often overhear conversations. A child who sees adults crying, tense, impatient, and tired, but is told that nothing is wrong, will feel confused, alienated and betrayed.

The ability of adults, who are close to the children, to be sensitive to and understanding of the young child's actual needs can make the difference in making the experience of death either harmful or helpful to the child's emotional growth. Children need to be allowed to express and deal with their feelings concerning the death of a significant person in a safe and non-judgmental environment. This can prevent unresolved grief later in the child's life or later as an adult. Kubler-Ross (1983) emphasized that many adults suffer from never having resolved the hurts of their childhood. Children need to be allowed to grieve without being labeled crybaby or sissy. If children of both sexes are not allowed to express their natural emotions in childhood, they may have problems later on.

As caring adults, the challenge is clear. Children do not choose between grieving and not grieving; adults, on the other hand, do have a choice - to help children cope with grief. Zambelli and DeRosa (1992) said, the death of a parent is an overwhelming and confusing ordeal in the child's life. The impact of the death shatters the child's sense of family security and belief in parental omnipotence (Zambelli and DeRosa, 1992).

Wolfelt (1997) found that several studies of children who have experienced a parent's death have confirmed that the remaining family members and the rest of the child's environment are critical components in the child's capacity to mourn. The child's ability to cope depends on the capacity of significant adults' expressing their own grief and showing the child that they can express a full range of feelings. The sharing of grief between parent and child assists the family in recognizing both the uniqueness and commonality of their experience. According to Rosenblatt and Elde (1990), much of the healing of bereavement occurs in the context of family life and friendships.

There is agreement in the literature regarding the importance of adults helping children work through the grief process, including school social workers, teachers, and other school staff (e.g., Carson, Warren & Doty, 1995; Corr, 1995; Doka, 1995; Essa & Murray, 1994; Grollman, 1990; Kubler-Ross, 1983; McCown & Davies, 1995; Segal, 1984; Wolfelt, 1996). The literature, however, does not indicate how the schools can best do this. There are gaps in the literature regarding the procedures that the schools can utilize to assist children and their families through the death of a close family member.

This researcher found a lack of social work related resources which addressed the need for children who have experienced the death of someone close to them. The social work related literature also offered little information

about the availability of services for these children and the service needs of the professionals working with these children.

This information, then, provides the foundation of this study. Data will be gathered to explore the availability of services and service needs as identified by school social workers for students, pre-school through grade twelve who have experienced the death of a close family member. These students are all enrolled in fourteen central and west-central Minnesota public school districts, which are within the service area of Rice Hospice and The Grief Center. This study seeks to provide school social workers and the local Hospice program and The Grief Center information about the need for additional services for these students or for additional training for the social workers, teachers, and other school staff.

## **Chapter Three**

### **Methodology**

#### **Overview**

Chapter three consists of nine sections which include: 1) the research design, 2) the research questions, 3) the operational definitions, 4) the characteristics of the study population, 5) the sample of the population, 6) data collection, 7) data analysis, and 8) the procedure for the protection of human subjects.

#### **Research Design**

This was an exploratory study using a survey research design. The survey research design was selected due to its ability to approach a number of different topics at one time. Rubin and Babbie (1997) describe surveys as being fairly flexible. "Many questions may be asked on a given topic; giving you considerable flexibility in your analyses" (Rubin & Babbie, 1997, p. 364).

Exploratory research relies on the collection of qualitative data as sufficient information will not be available with the use of quantitative methods alone (Patton, 1987). Qualitative data was collected utilizing the key informant approach to obtain information and opinions from social workers in the school districts. These school social workers are presumed to have special information about the children's and adolescent's problems and needs, and also their perceived perceptions of gaps in

delivery of grief support to this population (Rubin & Babbie, 1997). Exploratory research using both qualitative and quantitative methods is supported by Patton (1987) and Rubin & Babbie (1997).

The purpose of this study was to identify what services are already in place for children and adolescents, the extent that school social workers can assist with the children's grief process, what additional services are needed, and what training school staff need to assist the children with their grief process.

In the literature, the needs of children experiencing the grief process are identified as differing from those of adults (Doka, 1995; Wolfelt, 1996). Several theorists have also suggested developmental stages in which children understand and experience grief (Corr, 1995; Grollman, 1990; Papenbrock & Voss, 1988; Schaefer & Lyons, 1993).

Even so, there appear to be few services available that are specific to children. The intent of this study was to examine the services provided by school social workers for children who experience the death of a close family member. Six research questions served as the basis for the study.

### **Research Questions**

The following questions emerged:

- 1) What do social workers perceive to be the needs of students who have experienced the death of a close family member?

2) What services are offered by the schools to these students?

3) To what extent do the services in the schools meet the needs of these students?

4) What additional services are identified by school social workers that would assist the students to cope after the death?

5) What services in the community are school social workers aware of for these students?

6) Do school social workers perceive a need for training to help them work with students who have experienced the death of a close family member?

### **Operational Definitions**

The operational definitions are as follows:

1) Students' or school social workers' identified needs for services that are designed for students who have experienced the death of a close family member. These services might be available in the school or the community and include counseling, support groups, play therapy, music therapy, etc.

2) Training needs of school social workers. These include workshops, in-services, seminars, and other types of trainings the school social workers can attend in order to obtain a better understanding of the subject matter of the needs of children who have experienced the death of a close family member. School staff who have empathic skills and



adequate training about grief support will provide positive support to grieving students.

3) Close family member will be identified as a parent, sibling, grandparent, or other adult that had frequent, ongoing contacts with the students.

### **Characteristics of the Study Population**

Individuals chosen to participate in this study were social workers working within the fourteen public school districts in central and west-central Minnesota that are in communities within the service area of Rice Hospice and The Grief Center. All of the social workers work directly with the students in their schools providing support, information, groups, etc. The sample was obtained by using non-probability convenience sampling of school social workers in these school districts.

The non-probability convenience sample for this study consisted of all of the school social workers, in these school districts within central and west-central Minnesota. There are currently thirty-six school social workers in these districts. The majority of these social workers are women. All social workers in the identified school districts were given an opportunity to participate in the study.

### **Sample of the Population**

The sample in this study was identified by the school district offices of the fourteen schools located in central and west-central Minnesota. The sample was identified as being school social workers with direct contact with students. The study was approved by the Superintendents of the school districts involved in the study.

The survey questionnaire sought to measure what services are currently in place for grieving students and what additional services are needed for the students. Any need for additional training or services for school social workers was also identified by the school social workers. The school social workers that were surveyed provide direct support to students who have experienced the death of a close family member.

### **Data Collection**

This study was an exploratory study, using the survey research design. Data collection for this study involved both qualitative and quantitative methods to answer the research questions. Quantitative methods describe with precision the characteristics of a population, as well as, emphasizes the production of precise and generalizable statistical findings (Rubin & Babbie, 1997).

A self-administered questionnaire was mailed to all school social workers within the fourteen school districts. The questionnaire sought to determine the participants'

opinions of services that are available and services that are needed by students who have experienced a recent death of a close family member. A pre-test of the questionnaire was completed by five Hospice social workers.

The questionnaires were accompanied by pre-addressed stamped envelopes and cover letters identifying the purpose of the study and the importance of each individual's response to the success of the study (Rubin & Babbie, 1997). Two weeks following the mailing of the questionnaire, a follow-up mailing of additional encouragement was sent to each individual in the study. A new copy of the survey was included in this mailing for those respondents that may have lost or misplaced their original survey.

### **Data Analysis**

Results that occur in this study are based upon responses to the questionnaire that included both closed-ended and open-ended questions. The data was both quantitative and qualitative in nature. As there were few participants, the data was tabulated by hand.

Descriptive statistical analysis was used to summarize the data in this study. Descriptive analysis was based on measurements taken of the sample and tabulates the characteristics of the data (Weinbach & Grinnell, 1995). Content analysis of the qualitative data was used to identify common themes among the responses of the

participants in the survey questionnaires. The quantitative data was organized by the percentages of responses.

### **Procedure for Protection of Human Subjects**

There is no identifying information in the thesis. All participants were informed that participation was voluntary and would not affect their job status at their schools. Respondents were informed that completion of the survey served as their consent to use their information. As this study has relatively small numbers for a survey questionnaire, all methods available will be used to protect anonymity. Even so, anonymity is not assured, but confidentiality is, as the research results were reported in aggregate form. The raw data for the study was kept in a locked drawer in the researcher's basement office until the completion of the thesis. After the data was collected and recorded, all identifying information was destroyed by June 1, 1998.

The questionnaire and research proposal was approved by the Institutional Review Board of Augsburg College for the study of human subjects on February 12, 1998. The approval number is 97-38-02. There are few risks to the respondents, but they were provided the name and phone number of The Rice Hospice Grief Center Coordinator, David Rivers, in the event that the study caused them any personal difficulties. The social workers participating in this study may have been subject to difficulty with the subject of death of close

family members, especially if they have experienced a recent death themselves.

### **Summary**

This was an exploratory study using the survey research design. The subjects chosen to participate in this study were school social workers in fourteen school districts whose communities are served by the Rice Hospice program and The Grief Center.

The subjects were mailed a cover letter explaining the study and a seven page survey questionnaire and a pre-addressed, stamped envelope. Two weeks after the mailing, a follow-up mailing was sent to encourage those participants that had not responded. A new copy of the survey was included with this mailing for those respondents that may have lost or misplaced their original survey.

Content analysis of qualitative data was used to identify common themes and patterns among participants' responses to the survey questionnaire. The results of the study are discussed in chapter four.

## **Chapter Four**

### **Results of the Study**

#### **Overview**

Chapter Four contains the results of the study which include: 1) demographic information, 2) the social work sources of contact with students, 3) the perception of need for services, 4) services provided for students, 5) the extent that services meet the needs of students, 6) additional service needs, 7) community services, and 8) training needs identified by social workers.

#### **Demographic Information**

Thirty-six self-administered survey questionnaires were mailed out to school social workers in fourteen school districts in central and west-central Minnesota. These school districts are all in communities within the service area of Rice Hospice and The Grief Center. Of the thirty-six surveys mailed, thirty-two responses were returned. Thirty-one of these responses were completed. The response rate of the completed surveys was 86%.

Rubin and Babbie (1997) discussed the relevance of a high response rate. "If a high response rate is achieved, there is less chance of significant response bias than if a low rate is achieved" (p. 352). A 50% response rate was identified by Rubin and Babbie (1997) as being adequate for "analysis and reporting" (p. 352). A 60% response rate was described as good, and 70% or higher as very good. The

significance of the 86% response rate is indicative of the interest in this subject by school social workers in this geographic area.

Although the school administration offices were asked for names and school mailing addresses for school social workers only, responses were returned from four individuals who identified that they were not school social workers. One is a school psychologist and three are school guidance counselors. Each of these respondents identified that he/she provides services to students who have experienced the deaths of close family members. Each also identified that many of his/her roles are similar to those of the school social workers in their districts. Because of these similarities, I have considered their response findings with those of the twenty-seven school social workers that responded.

Thirty of the respondents identified that their role involves working with students who have experienced the death of a close family member. One social worker identified that this is not part of her role in the schools within which she works.

While twenty-nine respondents identified that their schools provide services for students who have experienced the death of a close family member, two identified their schools do not provide such services.

Table 4.1 School Social Work Experience

	N	%
Less than 1 year	2	6
1 to 5 years	7	22
5 to 10 years	11	36
<u>Over 10 years</u>	<u>11</u>	<u>36</u>
	31	100%

Table 4.1 provides a breakdown of the length of time each respondent has worked as a school social worker. The majority of the social workers have many years of experience of school social work responsibilities. Eleven (36%) have worked in school social work for over 10 years, eleven (36%) for 6 to 10 years (two of these were guidance counselors), seven (22%) for 1 to 5 years, and two (6%) for less than 1 year (one of these was a guidance counselor, the other a school psychologist).

Table 4.2 Length of Time in Current School System

	N	%
Less than 1 year	2	6
1 to 5 years	10	32
6 to 10 years	11	35
<u>Over 10 years</u>	<u>8</u>	<u>27</u>
	31	100%



Sixty-two percent of the social workers have experience of working in the same school system for six years or more. This is indicative of the social workers being experienced and likely accepted within their school districts. Eight (27%) of the social workers have worked in their current school system for over 10 years. Eleven (35%) have been in the same system for 6 to 10 years, ten (32%) for 1 to 5 years, while only two (6%) have worked in the current school system for less than 1 year (see Table 4.2).

By design, the sample consisted of twenty-seven school social workers, three school guidance counselors, and one school psychologist. Thirty of the respondents identified themselves as Caucasian. One respondent chose not to answer the question regarding race or ethnicity. The participants' ages spanned thirty-five years ranging from 25 to 60 years (see Table 4.3). Six participants opted not to respond to the question on age. Of the twenty-five that did respond, the mean age was 41 years.

Table 4.3 School Social Worker Age Range

	N	%
25-34	8	26
35-44	5	16
45-54	8	26
55-65	4	13
No answer	6	19
<hr/>		
	31	100%

The responses of the social workers (Table 4.4) identified that the majority twenty-three (74%) are female while eight (26%) are male.

Table 4.4 School Social Worker Gender

	N	%
Male	8	26
Female	23	74
<hr/>		
	31	100%

Table 4.5 reveals that twenty-two of the social work respondents identified that they have a degree in Social Work, while nine do not.

Table 4.5 Social Work Degree

	N	%
Yes	22	71
No	9	29
<hr/>		
	31	100%

Thirteen (42%) of the social workers have a B.S.W., nine (29%) have a M.S.W., there are none who have a Ph.D. in Social Work, and nine (29%) have a degree in another area (see Table 4.6). These other areas were identified as: two with a Masters in Education and Psychology, one with a Masters in Education for School Social Work, two with a degree in Sociology and Psychology, two with a Masters in Secondary School Counseling, one with a Masters in School Psychology, and one with a Masters in Counseling and Psychology.

Table 4.6 Highest Degree in Social Work

	N	%
BSW	13	42
MSW	9	29
Other	9	29
<hr/>		
	31	100%

Table 4.7 identifies that the majority, twenty (65%)

of the school social workers are licensed by the Minnesota Board of Social Work. Six others (19%) are licensed by both the Minnesota Board of Social Work and another licensing department. This included three that are also licensed by the Minnesota Department of Children, Families, and Learning as School Social Workers, and three by the Minnesota Board of Teaching. Five respondents (16%) are licensed only by other departments than the MN Board of Social Work. These other departments included four with the Minnesota Board of Education, and one with the Minnesota Board of Teaching.

Table 4.7 Licensure Information

	N	%
MN Board of Social Work	20	65
MN Board of SW and other	6	19
Other only	5	16
	31	100

As illustrated in Table 4.8, most of the social workers work in school districts that employ three or less social workers. The survey revealed that ten schools (32%) have only one social worker, four (13%) employ two social workers, seven (23%) have three social workers, two (6%) have four employed, three (10%) have five, three (10%) have seven, and two (6%) have eight social workers employed.

Table 4.8 School District Number of Social Workers

	N	%
One Social Worker	10	32
Two Social Workers	4	13
Three Social Workers	7	23
Four Social Workers	2	6
Five Social Workers	3	10
Seven Social Workers	3	10
Eight Social Workers	2	6
<hr/>		
	31	100%

Table 4.9 indicates the number of school buildings within which each social worker works. Fourteen social workers (45%) identified they work in only one building, while eleven (36%) work in two buildings, four (13%) work in three different buildings, and one social worker (3%) has assignments in four different buildings. One social worker (3%) identified that his role as a social work supervisor allows him access to all eight buildings, with an emphasis in two buildings as well as being the facilitator for the school district's Employee Assistance Program.

Over half of these social workers have the responsibility of working in more than one school building (see Table 4.9). One social worker identified she shares her time with two different school districts with the buildings more than fifteen miles apart. Other social

workers commented that they travel more than ten miles from one school building to another. This travel time from building to building, and community to community is time taken away from working with children with needs.

Table 4.9 Number of Buildings

	N	%
One Building	14	45
Two Buildings	11	36
Three Buildings	4	13
Four Buildings	1	3
Other (SW Supervisor and EAP)	1	3
<hr/>		
	31	100%

As illustrated in Table 4.10, the social workers demonstrated a variety of responsibility for the grades with which they work. Eight (26%) social workers work with all grades, K-12. Eleven (36%) work with Pre-Kindergarten through grade 6, five (16%) with Junior High students, five (16%) with High School grades, one (3%) works with Alternative School students, and one (3%) identified himself as the social work supervisor and Employee Assistance Program coordinator.

The majority (62%) of the social workers are spreading their work time over a multitude of different grade levels. While 26% are sharing their time with the entire school

system, 36% are working with Pre-K through grade 6 (see Table 4.10). Dividing their attention over this many grade levels and students does not allow much opportunity for the social worker to develop expertise at working with any certain age levels. As the literature revealed that children at different ages understand and process death and grief differently, so too will the social workers need to take different approaches at working with these students.

Table 4.10 Social Worker's Primary Responsibility

	N	%
K - 12	8	26
Pre-K - Grade 6	11	36
Junior High	5	16
Senior High	5	16
Alternative School	1	3
SW Supervisor and EAP	1	3
<hr/>		
	31	100%

The area surveyed has primarily a rural population with many small school districts. The social workers identified they work in school populations that range from 600 students in the school district to approximately 6000 students in the district. Seven (23%) of the social workers identified they work in school districts with 600 to 999 students, nine (29%) with 1000 to 1499 students, six (19%) with 1500 to

1999 students, four (13%) with 2000 to 2999 students, two (6%) with 3000 to 4999 students, and three (10%) social workers identified working in a district with 5000 to 6000 students (see Table 4.11).

Table 4.11 School Student Enrollment

	N	%
600 - 999	7	23
1000 - 1499	9	29
1500 - 1999	6	19
2000 - 2999	4	13
3000 - 4999	2	6
5000 - 6000	3	10
<hr/>		
	31	100%

#### **Social Work Sources of Contact with Students**

Table 4.12 illustrates the Social Worker's sources of contact to learn of students who have experienced the death of a close family member. Twenty-nine social workers (94%) indicated the students seek out the social worker for assistance on their own. Thirty social workers (97%) said parents seek out assistance for their children. Thirty social workers (97%) also indicated that teachers give them referrals of students. Other school staff were identified by twenty-seven of the social workers (87%). Referrals from clergy were identified by twelve of the social workers



(39%). Other students making referrals was indicated by twenty-three of the social workers (74%), while eleven (35%) said they receive referrals from some other source. Other sources included the inter-district crisis team, the newspaper and other media sources, doctors, county employees such as social workers, probation officers, county health nurses, etc. Extended family, community members, and other professional agencies were also identified.

The number of student self-referrals, and referrals by other students and their parents indicates a sense of trust of the social workers by the students and their families. This may in part be due to the small size of the school districts and their communities and the likelihood of having several factors in common with the social workers, such as race, religion, etc.

Table 4.12 Sources of Contact with Students

	N	%
Student self-referrals	29	94
Parents	30	97
Teachers	30	97
Other School Staff	27	87
Clergy	12	39
Other Students	23	74
Other	11	35

---

### **Perception of Need for Services**

The social workers discussed that there is a strong need for students to have access to professionals to process their experience with death. In smaller school districts, the need is not always ongoing, but may be more sporadic. The social workers identified the need to provide support to the students when the students are ready, not when the social workers recognize the need. Lack of time to provide the quality and quantity of services was also identified as a need. Lack of support from society and the administration regarding this subject was also identified. It was discussed that there is a tendency to encourage that the grief process is not always recognized and that the students should "get on with it."

One social worker identified, "I believe it can be handled on an as-needed basis. The kids don't always want "formal" help. They are not always ready for it. We can be available when the time is right." Another respondent commented, "It appears that we utilize services available and we utilize our abilities, but we do not have any particular specialized programs for this."

Society's tendency to downplay grief and not grant persons enough time to grieve was identified by a social worker. "I believe there is a need for the COMMUNITY to understand that grief exists. There is a tendency to "get on with it" and to not accept the process. Kids in the community also believe this. In my office they will say,

'I'm fine, it doesn't bother me anymore.' I am aware that these same students are getting drunk on the week-ends, starting fights in the hallway, or feeling suicidal." "I believe going through the grief process is an important process to work through and continue working through. It's an ongoing and yes, I believe this is crucial--to avoid lifelong ill-effects which may manifest if not addressed early on."

Another social worker identified the need for administrative support and understanding. "I believe strongly in the need for specialized services for students and families to process grief. There is an administrative (some principals) tendency to 'just move on' and 'get over it', and social workers, as part of their lifetime quest, are bringing humanity and warmth to many administrators' needs for control and organization."

Another social worker was concerned about services being available anytime a student may need. She commented, "I believe it is essential that students have access to direct services at all times of the day. It is important to know that there is a safe place to grieve, question or 'just be'. I also feel it is essential that work be done with the child's classroom to debrief them and help them respond appropriately."

Many social workers discussed that each person grieves differently. "Some do fine with their support systems in their life/family. Others need additional counseling

through any of the following: clergy, school, support groups, counseling services, grief centers, Hospice, etc."

In response to the need for additional understanding of the grief process, one social worker commented, "Some students need to talk to someone about their grief and if the person they are talking to doesn't understand the grief process, it may cause more harm than do good. So I feel specialized services are very important."

In the rural school districts, with smaller student enrollment, the need for ongoing services for students regarding this topic may not always be appropriate. One social worker responded, "There is a need for services when a death occurs, but the need may be sporadic--especially in smaller communities with a smaller amount of students because the chance of death occurring is less."

Some of the social workers identified that the schools do a good job in providing services to these students. One social worker answered, "Yes, I believe there is a need for specialized services, but I also believe the licensed school social workers can be good service providers in the area of grief and loss."

Five social workers discussed that there is a need for students to have services after the death of a close family member, but responded that school may not be the appropriate place for this to happen. One respondent commented, "We feel they are adequate within the boundaries of a school's role. If more involved, intensive help is indicated, then a

referral is made." Another commented, "I think there is a need for grief support groups that have an on-going function. I believe, however, that these should meet outside the context of the school day." Yet another social worker responded, "It is a need, but not a major need. In the schools I try to do some work with students, but often there isn't as much time available here as they may need. Because of the overwhelming needs of students, one social worker answered, "A small number of students need services compared to other issues, i.e.. chemical abuse, depression, divorce, etc. Yet another responded, "While services to students who've experienced a family death are necessary, I have more concerns about the numerous students who are grieving about a multitude of family losses other than death." Seven social workers did not respond to this question and left the answer blank.

### **Services Provided for Students**

All social workers identified that their schools provided some services for the students. Services were identified as varied, and included: peer support groups, counseling by the social workers and other school staff, education within the classroom, and referrals to other community resources. The level of services varied by the school district and age of the population served.

Of the respondents, twenty-three (74%) identified that the schools are currently providing peer support groups for

students who have experienced the death of a close family member (see Table 4.13). Thirty (97%) of the social workers provide direct counseling for these students, while twenty-four (77%) of the schools also have counseling provided by other school professionals, such as teachers, psychologists, nurses, guidance counselors, etc. Twenty-six of the school social workers (84%) also said referrals are made to community resources. Nine (29%) utilize some other source of services for the students. These included work within the classrooms about death and dying, the involvement of clergy in providing support to the students, communications with parents, and prevention activities for at-risk students. These activities included drug/alcohol prevention, harassment education and prevention, etc.

Table 4.13 School Services Provided

	N	%
Peer Support Groups	23	74
Social Work Counseling	30	97
Counseling by other School Professionals	24	77
Referrals to Community Resources	26	84
Other	9	29

---

#### **The Extent that Services Meet the Needs of Students**

It was found that the social workers believe that the students who have experienced the death of a close family

member are receiving fairly good support. However, the social workers described the need for more time and staff to provide the quality of services and support they would like to provide. It was also identified that the families need added support.

The majority of the social workers, nineteen (61%) responded that in their opinion, students who have experienced the death of a close family member are receiving good to very good supportive services from the schools and feel the students' needs are being met. One social worker offered, "I would add that these services are provided respectfully and are at times withdrawn upon student or family request." Another shared, "I feel that the student needs are being met to the extent that the school can help them. At this point the school doesn't have enough staff to work with the whole family, so this component of counseling is missing. We get their input, but do not do whole family counseling." One social worker offered, "It varies with the students' situations and personality." Another added, "At this point, I feel the needs of students/families are being met although I feel there needs to be more support for families within the community (i.e.. support groups) but this is all based on demand." Response from another social worker included, "students are able to utilize services as needed from caring adults." Yet another social worker responded, "I feel these services meet their needs because

if we didn't have these services the kids would have to handle their grief on their own."

Three social workers (10%) felt that the efforts of the schools are adequate. "I believe we do as much as we can within the context of our main mission - the education of children. I have a firm belief that schools are overburdened with expectations that all needs of children should be addressed in school." "Another responded that services "are adequate within the educational setting, but it would be nice to have a referral resource--different ideas to suggest at different stages of grief."

Three (10%) social workers identified that not enough is being offered to the students. "Some students need additional counseling and support over a longer period of time." Another responded, "From the standpoint of being a school employee and being realistic about what a school can and should provide, yes. Are the needs of these kids being totally met? No. It depends largely on the family and other resources." "Due to time restraints, we only have about thirty minutes per week available for student group work or individual counseling. This may be enough for some. Not for others." Another commented, "We can always use more service providers." One social worker identified, "If more readily available, students may utilize even more. Most services are for crisis management only." Six (19%) of the social workers offered no response to this question.



**Additional Service Needs**

Additional training, education, and experience was identified as an advantage. Even though the majority of social workers believe the schools are providing good to very good supportive services to these students, thirteen social workers commented on additional services that they believe should be provided for the students. These included teacher and staff in-services, grief support groups, peer groups, one-to-one counseling opportunities, additional social work staff, and death/grief/loss education for all students. The need for a full-time school counselor or social worker who could provide some family counseling in the middle-school, junior high, and high schools was recommended by three respondents. Seven of the thirteen respondents to this question identified the need for increased offerings from The Rice Hospice Grief Center Coordinator. The needs of one social worker were identified as the need for additional presentations for staff and/or counseling opportunities for students.

One social worker who felt a strong need for additional services commented, "I recently wrote a grant proposal to have a professional person come into our school to do grief support groups because I, as a school social worker, could not follow up as needed. I think MORE people would have attended if the groups had started directly following the deaths. At this time, we were still working on funding."

Five social workers did not elaborate in response to this survey question and left the answer blank.

### **Community Services**

As this is a rural area, many of the social workers identified that direct services, other than school and clergy, may not be available within the local school communities, but that resources are available in some of the larger communities. These resources were identified to be within a thirty mile radius of the smaller communities.

Children's grief counselors were identified by the majority of the social workers (Table 4.14). Twenty-four (77%) identified children's grief counselors as a service available. Twenty-four (77%) identified child psychologists available. Specialized clergy that counsel children were identified by twenty-one (68%) of the social workers. Children's grief support groups were identified by eleven (35%) of the social workers, but it was noted that this service is usually offered on an as-needed basis. Seven (23%) listed some other type of service. Six of the seven said The Grief Center is a resource available to children, while three social workers did not list a response.

Table 4.14 Community Resources Available

	N	%
Children's Grief Counselors	24	77
Child Psychologists	24	77
Specialized Clergy	21	68
Children's Grief Support Groups	11	35
Other	7	23

---

**Training Needs Identified by Social Workers**

In general, the social workers revealed that their education and training has provided them a good foundation for working with children who have experienced the death of a close family member. Over half, nineteen, (61%) of the social workers surveyed revealed they believe that their education or training has prepared them for working with these students. Five (16%) said they believe that their education or training has somewhat prepared them, and seven (23%) identified they do not feel their education or training has prepared them for working with these students.

The school districts were identified to provide opportunities for the social workers to improve their skills and knowledge. Twenty-eight (90%) revealed that their school districts offer opportunities or resources for them to learn more about working with students who have experienced the death of a close family member. One said she felt somewhat supported by resource opportunities, and

two identified that their schools do not offer such opportunities. Wass and Corr (1984) emphasized that in order to be effective at helping children who are grieving, it is important that we learn as much as we can about child development and behavior in general; about dying, death, and bereavement; and especially about children's death related thoughts, feelings, and behaviors.

Most of the social workers identified they have attended some type of workshop or in-service on grief counseling. Seven respondents did not describe any opportunities or resources they have utilized. The Grief Center Coordinator was highlighted as a source for training by eleven of the respondents. Six identified that they have attended seminars on the subject provided by the Rice Hospice program.

The need for good resources, and curriculum was frequently mentioned. A good school, community, and professional library with resources on children's experiences related to death and dying was identified by several of the respondents as being very important and helpful.

Supervision was identified as necessary. Recognizing that there may be more skilled professionals to access was identified as a benefit. Utilizing social workers who have "more experience than I do regarding this subject" was identified by one social worker. "I use our local mental

health professionals for their expertise," was the response of another social worker.

When asked what additional education or training the social workers thought would be beneficial for working with students who have experienced the death of a close family member, one-half, fourteen, of respondents left this question blank and did not respond. The answers from the other fourteen social workers varied. One social worker suggested, "training should require every social worker to bring an administrator to the training. Basically, grief process and family system orientation to grief are essential training topics. The administrators should become more aware of this."

While many of the social workers identified the need for some type of education opportunities by skilled professionals, one respondent commented, "more small groups/hands on role-plays of situations with others in the field. Need group work rather than sit, take notes and listen. Need to DO!" Another social worker commented, "this would be a good topic to offer either at a graduate or post-graduate level. Kids and parents are dying younger because of accidents and violence so we should know how to handle this." While yet another social worker responded, "The best education/training I have had are my own personal experiences of losing a brother and a sister."

### **Summary**

Twenty-seven school social workers, three guidance counselors, and one school psychologist responded to the thirty-six mailed survey questionnaires. The respondents provided demographic information about their roles as school social workers and about their school demographics. Additional information was collected regarding the social workers' perceptions about the needs of students who have experienced the death of a close family member. The respondents also provided information about the services available to these students. Generally, they described adequate services available to the children in the schools and the communities, but identified the need for improved and additional services. Also, the social workers provided information about services that are available to the social workers and their perceived needs for additional social work and staff training and education. Most of the social workers discussed the need to continue to improve their skills and knowledge related to working with this population.

Chapter five will focus on the strengths and limitations of the study and provide a discussion regarding the study.

## **Chapter Five**

### **Discussion**

#### **Overview**

In Chapter Five, the strengths and limitations of the study are discussed. Also discussed in this chapter are the implications of the results of the study, including those for social work practice.

#### **Strengths and Limitations of the Study**

##### **Strengths**

A strength of this study was the use of both quantitative and qualitative research methods. Combining quantitative and qualitative methods provided for greater detail in the data collected.

The key informant approach of obtaining information and opinions of the school social workers increased the internal validity of the study. The self-administered questionnaire allowed for a larger population to be surveyed within a larger geographic area than would have been possible with individual interviews.

The high response rate of 86%, thirty-one of thirty-six mailed surveys, was indicative of the interest of school social workers, in this geographic location, about this subject. This study provided information about the services available and the service needs, as identified by the school social workers, for children who have experienced the death of a close family member.

### **Limitations**

The limitations of the research design and methodology include the generalizability of the research findings. The ability to generalize beyond the population in this study is limited by the non-probability sampling procedure and sample size. In addition, school social workers within the fourteen school districts in central and west-central Minnesota in this study may not be representative of all school social workers, but they may however be representative of small, rural school districts. Because the school social workers studied are located in a rural area, the results may not be applicable in a larger metro area. Specifically, the array of services for children who have experienced the death of a close family member may be more accessible in a metro area. To determine the range of services and the role of social workers with this population, a larger sample which included a mix of rural and metro social workers would have been required. The intent of the study, however, was to examine services in this particular rural area. Non-probability sampling also influenced the external validity of the study (Rubin & Babbie, 1997). Finally, studying school social workers as well as students and families would have provided additional data in regards to the research questions.



## **Discussion**

This research study focused on the availability of services and service needs as identified by school social workers for students, pre-school through grade twelve, who have experienced the death of a close family member. These students are all enrolled in fourteen school districts within the service area of Rice Hospice and The Grief Center. The study also explored the social workers' perceived need for additional training to help them work with these students.

What do social workers perceive to be the needs of students who have experienced the death of a close family member? According to the school social workers, the needs of students varied. The importance of the school to acknowledge the death was identified by the respondents so that students know that staff is aware of the death and is concerned for the students. Providing a safe place to talk or a quiet place to "just be" was identified as necessary. Information to the students about death, dying, and grieving is perceived as helpful to ensure that the students know that each person deals with death differently, and that grieving takes a long time. Students have reported to social workers that it helps to discuss feelings, fears, and experiences regarding this topic. A lot of youth issues (alcohol and drug abuse, aggressive behaviors, depression, general unhappiness, etc.) are believed by the social workers to stem from unresolved grief and loss issues.

The social workers identified the need for students to have caring, concerned, and trained people to help them through the difficult process following a death. Sometimes classmates may need information and support in addition to the student who has had a family member die.

What services are offered by the schools to these students? In general, the responses of the social workers identified that the schools are currently providing good support to students who have experienced the death of a close family member. The following services were provided by the majority of the schools: 1) peer support groups, 2) social work counseling, 3) counseling by other school professionals, and 4) referrals to community resources. Eight of the social workers surveyed also utilize clergy in providing support, incorporate work about death and dying within the classrooms, and utilize prevention activities for at-risk students.

To what extent do the services in the schools meet the needs of these students? According to the social workers, the students' needs are being met to the extent that the schools can help them. The lack of staff and time to provide the quality of services most of the social workers would prefer is limited. Additional support for the entire family was identified as a need. The social workers identified this need could best be met outside the school setting, and should be provided by community resources.

Three of the social workers identified that not enough is being offered to these students. It was reported that if these services were more readily available, the students would utilize them even more than they do now.

What additional services are identified by school social workers which would assist the students to cope after their experience with someone who has died? When a death occurs, the social workers discussed that school staff need to be prepared to deal with more than just the student whose family member has died. Death affects the student's friends as well. Incorporating close friends into grief support groups was identified as a need by several of the social workers, as friends may also be grieving, and may need information and guidance in how to support the student who has had the death in the family.

The need for additional staff to work with these students, friends, and families was identified by many of the social workers. The social workers identified that those who work in the schools need to be allotted time and flexibility to provide for the unpredictable needs of these students. The long-term grief reactions must be recognized and interventions provided as needed. One social worker added, "This translates into assuring that full-time trained counselors, social workers, psychologists are employed."

Also identified as a need are increased offerings from the Grief Center coordinator to provide school social workers with training to enhance their own knowledge of the

needs and processes of students who have experienced a death. The Grief Center and other mental health agencies were suggested to establish increased support groups and counseling to students and families outside the school setting.

What services in the community are school social workers aware of for these students? Because of the rural area, additional services may not be provided in the student's home community, but were found by the social workers to be available within a thirty mile radius. These services were identified as: 1) children's grief counselors, 2) child psychologists, 3) specialized clergy to work with children, 4) some children's grief support groups are offered on an as needed basis, and 5) The Grief Center.

Do school social workers perceive a need for training to help them work with students who have experienced the death of a close family member? While most social workers identified that they are providing good services for these students, and that their education has prepared them for working with students who have experienced the death of a close family member, the need for ongoing, additional training regarding death, dying, and grief concerns is needed. The social workers identified the need for "hands-on" training as being more beneficial than lecture type seminars.

Also identified as crucial is a good library system. The need for children's and families' resources as well as

resources and curriculum for professionals is helpful to provide information about this subject. Education of the school administration regarding this topic was also listed as important. The social workers identified the need for administrative support to provide adequate and appropriate support to students.

### **Implications for Practice and the Field of Social Work**

This study will provide school social workers, the local Hospice programs, and The Grief Center coordinator information about the needs for additional services that students have following the death of a close family member. Strengths and weaknesses have been cited. Children and adolescents who are grieving have a need for adults who can offer support and understanding.

Adults need to understand the meaning and effect of the death experience for the child or adolescent. Understanding requires more than just hearing what the child has to say. Understanding requires a communication between the child and the adult. Both verbal and nonverbal messages are communicated. By offering to communicate and attempt to understand, adults can help the child or adolescent cope with the grief experience (Wass & Corr, 1984 and Wolfelt, 1983).

As advocates working on behalf of their students, school social workers can call for assistance from parents, extended family, community professionals, and other caring

adults in the students' lives. This study was designed to identify the social workers' perceived need for additional training and resources so that the area community professionals who work with grieving children and who provide workshops and seminars for the schools will have access to this information and provide whatever services are appropriate, available, and possible.

Further implications for social workers are indicated by the lack of literature pertinent to social work addressing issues related to grief for children and adolescents. Much of the literature reviewed for the study was found in educational and bereavement publications. Yet, social workers in schools are often the professionals who have direct contact with students who experience difficulties. To really help the students, the social workers need to know what these students' needs are and to understand how these needs can best be addressed (Stevenson, 1995). Educating and preparing social workers to be present with grieving children and to have the knowledge and skills to respond to grief-related issues is key to effective social work practice (Kramer, 1998). Determining what role the schools will play in the effort to help the students must also be addressed. Additional research on the needs of grieving children and adolescents is primary. Also required is information on the roles of the schools and school social workers about identifying the needs of students, addressing these needs, and developing protocols for the schools to use

when such needs arise. Increased research for social work is essential.

### **Conclusion**

The social workers who participated in this study were found to have many years of experience as school social workers and have worked in their present school systems for several years. Most of these social workers are working with both large numbers of students and multiple grade levels.

The number of student self-referrals, and referrals by other students and parents is indicative that the students and parents have developed a trusting relationship with these school social workers. Many factors may be involved in these high number of referrals. These have been discussed within this paper as the small size of the school districts and communities and the likelihood of having several factors in common with the social workers.

While completing my research for this project, I found a lack of related resources on this subject in social work journals. I utilized several different libraries and research techniques to identify social work journals relating to this topic.

As little was found on grief issues for adults, and even less relating to the grief of children, my research was expanded to educational journals, hospice and bereavement journals, and other related literature. The need for the

social work profession to pay heed to this subject is warranted. Many of the researchers and professionals identified that often serious problems can surface later in life and can be linked to unresolved grief issues as a child (Doka, 1995; Essa & Murray, 1994; Grollman, 1990; McCown & Davies, 1995; Morrison Tonkins & Lambert, 1996; Wolfelt, 1991). Some of these problems were identified as: chemical abuse, suicidal ideation, sexual acting out, and aggressive and anti-social behaviors.

During the culmination of this study, I received several phone calls from school social workers who had completed the survey questionnaire and were inquiring about the results of the study. The over-all large response rate of the returned surveys and the phone inquiries are an indicator of the importance of this topic in our communities.

These school social workers described the need for increased social work staff and time, additional library and other resources, increased educational opportunities, and support from administration. In addition to these needs, the community resources must be more in-tuned to the needs of the children within the community.

The Rice Hospice program and The Grief Center have begun to address this issue. Camp G.K. Bear, a one-day camp for children who have experienced the death of a significant person in their lives will be held for the first time this summer. This camp is for children, grades one through six,



and will be held in five of the local communities throughout the summer. The purpose of the camp is to offer support and education to the children. There are expectations of expanding the camp to additional communities, provide for additional ages of children, and incorporate a wider variety of grief issues in future years.

### **Summary**

This research suggests that while the school social workers are providing adequate support to students who have experienced the death of a close family member, they feel the need for additional training to provide better support to students and families. "Preparing social workers to respond to loss can be very challenging and complicated and requires training in self-awareness, knowledge acquisition, and skill building," (Kramer, 1998, p. 212). The respondents also suggested that additional supportive services for students and families within the communities are necessary. This study proposes that additional training on grief education for school social workers has the potential for enhancing a sense of competence to respond to death in the social workers' everyday practices with students.

A summary of the completed study will be available to the school social workers if they so choose. The results of this study will be shared with the Rice Hospice program and The Grief Center to provide information regarding the

addressed needs of the school social workers. Information from this study will also be available to other community professionals who provide bereavement services to children, parents, and families.

“When we discuss death with our children openly, we enable them to live more freely” (Rabbi Earl A. Grollman, 1995, p.17).

## References

Brodkin, A., & Coleman, M. (1995). A death in the family. Instructor, 104(7), 27-29.

Carson, J., Warren, B., & Doty, L. (1995). An investigation of the grief counseling services available in the middle schools and high schools in the state of Mississippi. OMEGA-The Journal of Death and Dying, 30(3), 191-204.

Corr, C. (1995). Children's understandings of death-striving to understand death. In K. Doka (Ed.), Children mourning, mourning children (pp. 3-16). Washington, DC: Hospice Foundation of America.

Deitrick, R., & Dailey, A. (1983). Approaching grief. Alexandria, VA: Children's Hospice International.

Doka, K. (1995). Children mourning, mourning children. Washington, DC: Hospice Foundation Of America.

Doka, K. (1996). Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke. Washington, DC: Hospice Foundation Of America.

Doka, K., & Davidson, J. (1997). Living with grief when illness is prolonged. Washington, DC: Hospice Foundation Of America.

Essa, E., & Murray, C. (1994). Young children's understanding and experience with death. Young Children-The Journal of the National Association for the Education of Young Children, 49(4), 74-81.

Essa, E., Murray, C., & Everts, J. (1995). Death of a friend. Childhood Education, 71(3), 130-135.

Glazer, H., & Clark, M. (1997). Parenting classes as a part of a hospice bereavement program. The Hospice Journal, 12(3), 33-40.

Gordon, A. K., & Klass, D. (1979). They need to know: how to teach children about death. Englewood Cliffs, NJ: Prentice-Hall.

Grollman, E. (1990). Talking about death (a dialogue between parent and child). Boston, MA: Beacon Press.

Grollman, E. (1995). Grieving children: can we answer their questions? In K. Doka (Ed.), Children mourning, mourning children. (pp. 17-27). Washington, DC: Hospice Foundation of America.

Grollman, E. (1996, September/October). Clergy and adults who explain death to children. Bereavement Magazine, (pp. 18-19).

Guy, T. (1993). Exploratory study of elementary-aged children's conceptions of death through the use of story. Death Studies, 17, 27-54.

Kramer, B. (1998). Preparing social workers for the inevitable: a preliminary investigation of a course on grief, death, and loss. Journal of Social Work Education, 34(2), 211-227.

Kubler-Ross, E. (1983). On children and death. New York: Macmillan Publishing Company.

Lamers, E. (1995). Children, death, and fairy tales. OMEGA-Journal of Death and Dying, 31(2), 151-167.

Lord, J. (1992). Beyond sympathy: what to say and do for someone suffering an injury, illness or loss. Ventura, CA: Pathfinder Publishing.

McCown, D., & Davies, B. (1995). Patterns of grief in young children following the death of a sibling. Death Studies, 19, 41-53.

Morrison Tonkins, S., & Lambert, M. (1996). A treatment outcome study of bereavement groups for children. Child and Adolescent Social Work Journal, 13(1), 3-21.

Mulder, V. (1994, March 25). Words can make it better. Times Educational Supplement, (p. A5).

National Commission On Children (1991). Beyond rhetoric-a new American agenda for children and families. Washington, DC: National Commission On Children.

Norris-Shortle, C., Young, P., & Williams, M. (1993). Understanding death and grief for children three and younger. Social Work-Journal of the National Association of Social Workers, 38(6), 736-742.

O'Toole, D. (1988). Children and grief. Raleigh, NC: Hospice Of North Carolina, Inc.

Papenbrock, P., & Voss, R. (1988). Children's grief-how to help the child whose parent has died. Redmond, WA: Mecic Publishing Company.

Patton, M. (1987). How to use qualitative methods in evaluation. Newbury Park, CA: Sage Publications, Inc..

Prichard, S., & Epting, F. (1992). Children and death: new horizons in theory and measurement. OMEGA-Journal of Death and Dying, 24(4), 271-288.

Rosen, H. (1988). Unspoken grief-coping with childhood sibling loss. Lexington, MA: D.C. Heath and Company.

Rosenblatt, P., & Elde, C. (1990). Shared reminiscence about a deceased parent: implications for grief education & counseling.. Family Relations-Journal of Applied Family and Child Studies, 39(2), 206-210.

Rubin, A., & Babbie, E. (1997). Research methods and social work. (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Sanders, C. (1995). The child's experience of grief. In K. Doka (Ed.), Children mourning, mourning children. (pp. 69-83). Washington, DC: Hospice Foundation of America.

Schaefer, D., & Lyons, C. (1993). How do we tell the children? New York: New Market Press.

Seager, K., & Spencer, S. (1996). Meeting the bereavement needs of kids in patient/families-not just playing around. The Hospice Journal, 11(4), 41-66.

Segal, R. (1984). Helping children express grief through symbolic communication. Social Casework-The Journal of Contemporary Social Work, 65(10), 590-600.

Shore, H. (1995). Helping children cope with death. The child therapy news, 2(3), 1-11.

Silverman, P., & Worden, J. (1992). Children's understanding of funeral ritual. OMEGA-Journal of Death and Dying, 25(4), 319-331.

Staudacher, C. (1996). Beyond Grief: a guide for recovering the death of a loved one. Oakland, CA: New Harbinger Publications, Inc.

Steinfeld, D. (1988, May 24). A death in the family: St. Francis Center focused on grieving. Washington Post, (p. E5).

Stevenson, R. (1995). The role of the school: bereaved students and students facing life-threatening illness. In K. Doka (Ed.), Children mourning, mourning children. (pp. 97-111). Washington, DC: Hospice Foundation of America.

Taylor-Brown, S., & Wiener, L. (1993). Making videotapes of HIV-infected women for their children. Families in Society: The Journal of Contemporary Human Services, 74(7), 468-480.

Warmbrod, M. (1986). Counseling bereaved children: stages in the process. Social Casework-The Journal of Contemporary Social Work, 67(6), 351-358.

Wass, H. (1979). Dying: facing the facts. Washington, DC: Hemisphere Publishing Corporation.

Wass, H., & Corr, C. (1984). Helping children cope with death-guidelines and resources. (2nd ed.). New York: Hemisphere Publishing Company.

Westmoreland, P. (1996). Coping with death: helping students grieve. Childhood Education, 72(3), 157-161.

Wolfelt, A. (1983). Helping children cope with grief. Bristol, PA: Accelerated Development.

Wolfelt, A. (1991). A child's view of grief. Fort Collins, CO: Center For Loss And Life Transition.

Wolfelt, A. (1996). Healing the bereaved child. Fort Collins, CO: Companion Press.

Wolfelt, A. (1996, September/October). Techniques for counseling bereaved children-"word" therapy. Bereavement Magazine, (pp. 8-11).

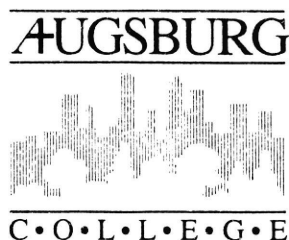
Wolfelt, A. (1996, November/December). Techniques for counseling bereaved children-nature therapy. Bereavement Magazine, (pp. 8-10).

Wolfelt, A. (1997, July/August). A systems approach to healing the bereaved child, part I of II. Bereavement Magazine, (pp. 8-11).

Wolfelt, A. (1997, September/October). A systems approach to healing the bereaved child, Part II of II. Bereavement Magazine, (pp. 8-11).

Zambelli, G., & DeRosa, A. (1992). Bereavement support groups for school-age children: theory, intervention, and case example. American Journal of Orthopsychiatry, 62(4), 484-493.





Brenda Wiese  
417 Central Avenue  
Sunburg, MN 56289

Professor Michael Schock  
Institutional Review Board  
Augsburg College  
Minneapolis

February 12, 1998

Dear Brenda Wiese

We received your research proposal and IRB application, 'Bereavement support by social workers in central Minnesota schools'. This application is an expedited review. We have reviewed your application and have accepted it without condition. Your PO Box # is 409.

It is customary to pass on recommendations reviewers have regarding each application. There is a possibility that given a small sample, individual social workers could be identified using demographics. Be cautious when report comments or results that expose a small group of respondents to public view.

Your IRB number is 97-38-02. Please use this number in all official documentation in your research. Include this number in you consent form. Thank you for your patience. Do well in this most interesting research.

Sincerely,



Michael Schock

cc. G. Rooney  
B. Clyde

**APPENDIX B**  
**Brenda K. Wiese, LSW**

417 Central Ave.  
P.O. Box 101  
Sunburg, MN 56289  
Home Phone (320) 366-3464  
Work Phone (320) 231-4442

February 10, 1998

Name  
Position  
School  
Address  
City State Zip

Dear First Name:

You are invited to participate in a research study on services for children who have experienced the death of a close family member. The purpose of this research is to explore the availability of services and service needs for students, pre-school through grade twelve in Central Minnesota, who have experienced the death of a close family member. This study is a part of my thesis in the Master of Social Work program at Augsburg College.

Your participation is completely voluntary and your decision to participate or not will not affect your relationship with your employer, Augsburg College. If you decide to participate, the questionnaire should take about twenty minutes to complete. In the event that completing this questionnaire causes you any personal difficulties, you may contact David Rivers, Rice Grief Center Coordinator at (320) 231-4450

Please complete the enclosed questionnaire and return it to me by March 8 in the enclosed pre-addressed stamped envelope. Do not include your name, your school, or other identifying information on the questionnaire. The research results will be reported in aggregate form and individuals will not be identified. All questionnaires will be destroyed following the completion of this thesis.

Indirect benefit of taking part in this study will result in participants having access to a summary of the results if requested. If you have any questions or concerns, feel free to contact me at work (320) 231-4442 or home (320) 366-3464, or my thesis advisor, Dr. Glenda Dewberry-Rooney, Chair and Associate Professor of the Department of Social Work at Augsburg College at 612-330-1338.

Sincerely,

Brenda K. Wiese, LSW  
MSW Student  
Box # 409  
Augsburg College  
2211 Riverside Avenue  
Minneapolis, MN 55454-1351

## APPENDIX C

**SCHOOL SOCIAL WORK SURVEY**

IRB # 97-38-02

The purpose of this questionnaire is to explore the availability of services and service needs for students in Central Minnesota, pre-school through grade twelve, who have experienced the death of a close family member within the past twelve months. The questionnaire consists of three sections: Social Worker Role, Education and Training, and Demographic Information. Please answer each question to the best of your ability.

**SECTION I. SOCIAL WORKER ROLE**

1. Does your role as a school social worker involve working with students who have experienced the death of a close family member?

☐ Yes☐ No

2. Does your school provide services for students who have experienced the death of a close family member?

☐ Yes☐ No

3. What additional services do you believe should be provided for students? (please list)

**Continue on to the next page.**

4. Please identify the types of services provided by the school or schools where you work as a social worker. (Check all that apply.)

- ☐ a. none
- ☐ b. peer support groups
- ☐ c. counseling provided by social worker
- ☐ d. counseling provided by other professionals (teachers, psychologists, nurses, guidance counselors, etc.)
- ☐ e. referrals to community resources
- ☐ f. other (please identify)

5. Please describe to what extent you believe these services meet the needs of these students.

6. Please identify the type of services that are available in your community.

- ☐ a. children's grief support groups
- ☐ b. grief counselors for children
- ☐ c. child psychologists
- ☐ d. clergy that provide specialized counseling to children
- ☐ e. other (please identify)

**Continue on to the next page.**

7. What are the sources of contact you have to learn of students who have experienced the death of a close family member? (Check all that apply.)

- ☐ a. Students seek social worker assistance
- ☐ b. Parents seek assistance for students
- ☐ c. Referral from teacher
- ☐ d. Referral from other school staff
- ☐ e. Referral from clergy
- ☐ f. Referral from other students
- ☐ g. Other (please list)

8. Please describe the extent that you believe there is a need for specialized services for students who have experienced the death of a close family member.

**Continue on to Section II on the next page.**

**SECTION II. EDUCATION AND TRAINING:**

1. Do you believe that your education or training has prepared you for working with students who have experienced the death of a close family member?

\_\_\_\_\_Yes

\_\_\_\_\_No

2. Has your school district offered opportunities or resources for you to learn more about working with these students?

\_\_\_\_\_Yes

\_\_\_\_\_No (Skip to Question 4.)

3. Please identify some of these opportunities or resources.

4. Identify any additional education or training you think would be beneficial for working with students who have experienced the death of a close family member?

**Continue on to Section III on the next page.**

**SECTION III. DEMOGRAPHIC INFORMATION:**

1. How long have you worked as a school social worker?

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> over 10 years
<input type="checkbox"/> 3 to 5 years	

2. How long have you worked in your current school system?

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> over 10 years
<input type="checkbox"/> 3 to 5 years	

3. Please identify the number of social workers in your school district?

4. What is the number of schools in which you work?

5. Do you have a degree in social work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

6. What is your highest degree in social work?

<input type="checkbox"/> a. BSW	<input type="checkbox"/> c. Ph.D.
<input type="checkbox"/> b. MSW	<input type="checkbox"/> d. Other degree(s) (Specify)

7. Are you licensed as a Social Worker by

<input type="checkbox"/> a. The Minnesota Board of Social Workers
<input type="checkbox"/> b. Other (Please identify)

**Continue on to next page.**

8. Your Gender?

\_\_\_\_\_ a. Male                      \_\_\_\_\_ b. Female

9. Your Age?

10. Your Race/Ethnicity?

\_\_\_\_\_ a. African American  
\_\_\_\_\_ b. Asian American  
\_\_\_\_\_ c. Caucasian  
\_\_\_\_\_ d. Latino/Hispanic  
\_\_\_\_\_ e. Native American  
\_\_\_\_\_ f. Other (Please specify)

11. What is the population of the school district in which you work?

12. Is your primary work assignment in

\_\_\_\_\_ a. Pre-K to grade 3  
\_\_\_\_\_ b. Grade 4 to grade 6  
\_\_\_\_\_ c. Jr. High  
\_\_\_\_\_ d. High School  
\_\_\_\_\_ e. Alternative/Technical School  
\_\_\_\_\_ f. Other (Please identify.)

**Continue on to next page.**



13. Please use this space for additional comments you wish to make about the service needs of students who have experienced the death of a close family member.

**Make sure you have not written any identifying information anywhere on this survey and mail in the pre-addressed envelope by March 11 to:**

Brenda Wiese  
P.O. Box 409  
Augsburg College  
2211 Riverside Avenue South  
Minneapolis, MN 55454

Augsburg College  
Lindell Library  
Minneapolis, MN 55454